SECTION	REQUIREMENT	VENDOR 1
C.1	Health Insurance (Benefits)	
	for Inpatient Care): Minimum Coverage -	
C.1.1.1	100%	
C.1.1.2	Emergency Services (Trips to Emergency	
	Room): Minimum Coverage - 100%	
C.1.1.3	Ambulance: Minimum Coverage - 80%	
C.1.1.4	Outpatient Services: Minimum Coverage –	
	80%	
	Object a training and National Agency Course Mainting and	
C.1.1.5	Obstetric and Newborn Care: Minimum	
	Coverage - Inpatient/Emergency: 100%,	
	Outpatient: 80%	
C.1.1.6	Pediatric Services: Minimum Coverage -	
C.1.1.0	Inpatient 100%, Outpatient: 80%	
	Prescription Drugs: Minimum Coverage -	
C.1.1.7	Inpatient/Emergency: 100%, Outpatient:	
	80%	
	Preventive and Wellness Services and	
	Chronic Disease Management:	
C.1.1.8	Minimum Coverage - 80%	
C.1.1.9	Hearing Aids: Minimum Coverage – 80%,	
C.1.1.9	Max \$1500	
C.1.1.10	Optical Care: Minimum Coverage – 80%,	
C.1.1.10	Max \$400/2 yrs	
C.1.1.11	Dental Care: Minimum Coverage – 80%,	
	Max \$3200	
C.1.1.11	Orthodontia (Before 18yo or Emergency) –	
	80%, Max \$2400/4 yrs	
C.1.1.12	Reproductive Health: Minimum Coverage - 80%	
	Mental Health and Substance Abuse Care:	
C.1.1.13	Minimum Coverage - 50%	
	Rehabilitative and Habilitative Services and	
C.1.1.14	Devices:	
	Minimum Coverage - 50%	
	HIV/AIDS: 100% Reimbursement at	
C.1.1.15	minimum of up to \$10,000 per year per	
	covered individual	
C.1.1.16	Reserved (no response required)	
C.1.1.17		
C.1.1.1/	Out of Country Treatment at same levels	

C.1.1.18	Out-of-Country Travel: 80%	
C.1.1.10	Reimbursement, Approval w/in 5 days	
C.1.1.19	180-Day Coverage for Dependents After	
C.1.1.13	Employee's Death	
C.1.1.20	Reserved (no response required)	
C.1.1.21	Excess Coverage Option	
C.1.2	Annual Maximum Limit >= \$47000	
C.1.6	Brochure Requirement within 15 days	
Н	Special Contract Requirements	
H.4.B.6	Contractor shall include at least 7/10 of these medical providers/facilities for direct payment for medical care: Centre Hospital Mongala Centre Hospitalier Monkole Centre Hospitalier Nganda Centre Medical de Kinshasa (CMK) Centre Medical Diamant HJ Hospitals Hopital Biamba Marie Mutombo Medecins de Nuit Ngalima Center PolyClinique de Kinshasa	
L	Instructions, Conditions and Notices	
L, Part 1	Health Insurance Services	
	Provided clear levels of coverage for all	
L, Part 1	categoris in C.1 that meet or exceed	
, r art 1	minimum percentages and maximum	
	amounts	
L, Part 2	Understanding of the Requirement	
L, Part 2.1	Described of the offeror's knowledge, history, and familiarity in providing health insurance to groups of employees	
L, Part 2.2	Described of overall management approach to provide the required services	

	1	
L, Part 2.3	Provided the resume/CV of the person who will be responsible for managing this contract, and POC for the Embassy. This person shall be able to acceptably communicate all matters related to this contract in English; and have a minimum of two years' experience in the local or international insurance industry with customers having similar requirements to include magnitude of personnel	
L, Part 2.4	Described the pool(s) of coverage the offeror uses to administer its insurance; which pool of coverage the employees under this requirement will be contained, and what percentage of that pool they would represent (ONLY required if the Contractor plans to use pool of coverage)	
L, Part 2.5	Provided results of the offeror's most recent two audits and/or annual reports with clear summaries of financial performance that show the business is operating profitably	
L, Part 2.6	Provided the quality assurance plan the offeror will use under this contract. This plan should describe the: schedule of regular internal meetings to discuss issues and performance; schedule of monthly or quarterly surveys and/or communications via email to customers to solicit feedback on performance and discuss issues; and schedule of quarterly or semi-annual plans to review performance and discuss issues with Embassy officials (see E.2)	
L, Part 2.7	Described how, and at what monetary level, the offeror will maintain an adequate reserve level to pay claims	

	1	
L, Part 2.8	Described how the offeror will provide the Embassy regular monthly reports on claims submission, processing times, claim expenditures, and other matters important to good overall management of the contract (see H.5)	
L, Part 2.9	Described the offeror's claims workflow system and timeframes at each processing point to fully process claims (from initial receipt to final settlement)	
L, Part 2.10	Described the offeror's customer service system and mechanism for receiving and promptly addressing customer inquiries and complaints	
L, Part 2.11	Provided the most recent results of customer satisfaction surveys, if available	
L, Part 2.12	Definition of network (no response required)	
L, Part 2.13	Provided the full list of medical providers and facilities in the offeror's provider network, within Kinshasa and elsewhere in the Democratic Republic of Congo, that employees or dependents may choose to utilize without restriction up to the benefit levels specified in Section C.1, including those medical providers and facilities where employees or dependents may choose to go for medical care with direct payment of medical expenses paid by the contractor/offeror (see H.4.1.b.5-6). Includes at least 7 of the 10 required medical providers in H.4.1.b.5	
L, Part 3	Experience and Past Performance	
L, Part 3.1	Provided current or previous customer's organization name, address, email address, and telephone number for whom similar insurance and services were provided	
L, Part 3.2	Identified contract number, when (period of performance), and where the previous insurance was provided	

L, Part 3.3	Provided the type of insurance provided and range of population covered, as well as total dollar amount	
L, Part 3.4	Briefly described and compared past work to the work required under this solicitation	
L, Part 3.5	Briefly described any performance problems and how they were resolved	
L, Part 4	Licensing Information	
L, Part 4	Included a notarized copy of the most current license/certificate/accreditation, demonstrating the offeror is licensed/certified/accredited or otherwise authorized by the GoDRC or its agent (e.g., insurance commission, board) to provide health insurance coverage within the host country. If the offeror is not licensed/certified/accredited or otherwise authorized by the GoDRC it must demonstrate that it is licensed/certified/accredited by a government other than DRC to provide health insurance for persons in DRC and must demonstrate its capacity to provide health benefits in DRC to meet the minimum requirements and other conditions set forth in this solicitation. Licensed/certified/accredited through no less than the final day of the base performance period and eligible for renewal	

VENDOR 2	VENDOR 3	VENDOR 4	
			_
			4
			_
			\dashv
			_

VENDOR 5	VENDOR 6	VENDOR 7

VENDOR 8	VENDOR 9	VENDOR 10